

DEPARTMENT OF HEALTH SERVICES

714 / 744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 327-1400



August 2, 2001

CHDP Program Letter No: 01-06

TO: ALL COUNTY CHILD HEALTH AND DISABILITY PREVENTION
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL
CONSULTANTS, NUTRITIONISTS, STATE CHILDREN'S MEDICAL
SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: PROVIDER RATE INCREASE FOR COUNTY AND COMMUNITY
OUTPATIENT CLINICS

The purpose of this CHDP Program Letter is to inform you that, as a result of a recent lawsuit settlement, certain providers will be eligible to be paid a higher fee for CHDP health assessments provided to Medi-Cal beneficiaries. The effective date of the rate increase begins with dates of service on or after July 1, 2001.

This rate increase is effective for county hospital outpatient clinics (CHDP provider type 01) and community hospital outpatient clinics (CHDP provider type 02) only. The increase is approximately 30 percent higher than the current reimbursement rates for CHDP services in place as of June 30, 2001. Subsequent rate adjustments will be applied annually; however, any other potential rate increases that may occur in the fiscal year will not be applied to these providers.

Providers in your county or city who are affected by the rate increase have received correspondence regarding the rate increase and instructions for receiving the higher rates. At the time of the implementation date of the systems changes (pending Federal approval), providers will need to follow the balance due process to receive increased reimbursement.

If you have any questions, please contact Ken Leach at (916) 322-8725.

Original Signed by Dr. Karlette Winters for Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch